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on April 26, 2006
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PCT

Fax No.: 703-305-3230

FROM: William H. Dippert

RE: US Patent Application Serial No. 10/797,744

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Applicant: Biomerix Corporation
Serial No.: PCT/US2005/002294
Filing Date: 25 January 2005
For: Endovascular Treatment Devices And Methods
Enclosures: 1. Request for Correction (1 page);
2. Corrected copy of front page of PCT Request Form (1 page)

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Attorney Docket No.: BIO042.227842

Customer No.: 054042

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Biomerix Corporation
Application No.: PCT/US2005/002294
Filing Date: 25 January 2005
For: Endovascular Treatment Devices And Methods

April 26, 2006

Via Facsimile: 703-305-3230
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Request for Correction

SIR:

Please correct the PTO records to indicate the first Applicant as Biomerix Corporation.

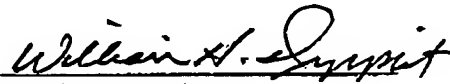
A corrected copy of the first page of the Request is enclosed.

Please address all future communications regarding the above application to:

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Respectfully submitted,

April 26, 2006


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REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum)

501438.20515

Box No. I TITLE OF INVENTION	
Endovascular Treatment Devices And Methods	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
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Facsimile No.	
Teleprinter No.	
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State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
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